

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|   |                    |   |   |                                   |   |
|---|--------------------|---|---|-----------------------------------|---|
| <b>NAME OF FILER</b><br>VALLEY DEMOCRATS FOR CHANGE |                    |   | <b>Date of This Filing</b> 05/29/2008<br><br><b>Report No.</b> IE-22A<br><br><input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001<br>(explain below)<br><b>No. of Pages</b> 3 | Date Stamp<br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 496</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(310)576-1233      |                    | <b>I.D. NUMBER (if applicable)</b><br>1305598 |   |                                   |   |
| <b>STREET ADDRESS</b>                               |                    |   |   |                                   |   |
| <b>CITY</b><br>SANTA MONICA                         | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>90401                      |   |                                   |   |

## 1. List Only One Candidate or Ballot Measure

|  |                     |               |  |                     |                |               |
|--|---------------------|---------------|--|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Bob Blumenfield               |                     |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b><br>State Assembly Person District 40 | <b>SUPPORT</b><br>X | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE     | AMOUNT     |
|------------|--------------------------------|------------|
| 05/27/2008 | Media buy<br>Memo Reference: 1 | \$4,203.94 |
|            |                                |            |
|            |                                |            |
|            |                                |            |
|            |                                |            |
|            |                                |            |

Reason for Amendment:  
Correctly reflect purpose of contribution.

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
VALLEY DEMOCRATS FOR CHANGE

I.D. NUMBER (If applicable)  
1305598

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES   |
|---------------|---|---|---|-----------------|--|
| 5/27/2008     | Fuentes for Assembly 2008<br>Los Angeles, CA 90017<br><br>ID: 1298546 Memo Reference: 2         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$10,000.00     | If loan,<br>enter interest rate, if any<br><br>_____ 0 _____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br><br>_____ %         |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br><br>_____ %         |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br><br>_____ %         |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br><br>_____ %         |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br><br>_____ %         |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772

Memo Reference: 1

---

Memo Reference: 2  
Earmarked for non-candidate expenses.

---

---

---

---